

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## DECLARATION AND POWER OF ATTORNEY

Assistant Commissioner for Patents  
Washington, D.C. 20231

As a below-named inventor, I hereby declare that I believe I am:

- ☒ the original, first and sole inventor; or
- ☐ an original, first and joint inventor along with the other inventors listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

CONJUGATES USEFUL IN THE TREATMENT OF PROSTATE CANCER

the specification of which ☐ is attached hereto;

☒ was filed on March 4, 1999 as Application

Serial No. 09/262,538 and was amended

through ( if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended as indicated above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

### Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate for the same invention having a filing date before that of the application on which priority is claimed:

#### Prior Foreign Application(s)

|         |        |            |                 |
|---------|--------|------------|-----------------|
|         |        |            |                 |
| Country | Number | Date Filed | Attorney Docket |

Priority Claimed

☐ Yes ☐ No

|         |        |            |                 |
|---------|--------|------------|-----------------|
|         |        |            |                 |
| Country | Number | Date Filed | Attorney Docket |

☐ Yes ☐ No

**Pri r Unit d Stat s Filing**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

|                 |               |                 |
|-----------------|---------------|-----------------|
| 60/076,860      | March 5, 1998 | 20183PV         |
| Appln. Ser. No. | Filing Date   | Attorney Docket |
|                 |               |                 |
| Appln. Ser. No. | Filing Date   | Attorney Docket |
|                 |               |                 |
| Appln. Ser. No. | Filing Date   | Attorney Docket |
|                 |               |                 |
| Appln. Ser. No. | Filing Date   | Attorney Docket |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date(s) of the prior application(s) and the national or PCT international filing date of this application:

|                 |             |        |                 |
|-----------------|-------------|--------|-----------------|
|                 |             |        |                 |
| Appln. Ser. No. | Filing Date | Status | Attorney Docket |
|                 |             |        |                 |
| Appln. Ser. No. | Filing Date | Status | Attorney Docket |
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| Appln. Ser. No. | Filing Date | Status | Attorney Docket |
|                 |             |        |                 |
| Appln. Ser. No. | Filing Date | Status | Attorney Docket |
|                 |             |        |                 |
| Appln. Ser. No. | Filing Date | Status | Attorney Docket |

And I hereby appoint

David A. Muthard

Mark R. Daniel

Reg. No. 35,297

Reg. No. 31,913

Reg. No. \_\_\_\_\_

respectively and individually, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to:

David A. Muthard  
Patent Department  
Merck & Co., Inc.  
P.O. Box 2000  
Rahway, NJ 07065-0907

Telephone No. (732) 594- 3903

I hereby declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

|   |   |
|---|---|
| Full name of sole or joint inventor           | Dong-Mei Feng   |
| Inventor's Signature                          | <i>Dong-Mei Feng</i>  |
| Date  | <i>4/16, 99</i> April 16, 99                                    |
| Residence                                     | Blue Bell, Pennsylvania   |
| Citizenship                                   | People Republic of China  |
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|   |  |
|---|--|
| Full name of joint inventor                   |  |
| Inventor's Signature                          |  |
| Date  |  |
| Residence                                     |  |
| Citizenship                                   |  |
| Post Office Address (if different from above) |  |

|   |  |
|---|--|
| Full name of joint inventor                   |  |
| Inventor's Signature                          |  |
| Date  |  |
| Residence                                     |  |
| Citizenship                                   |  |
| Post Office Address (if different from above) |  |

|   |  |
|---|--|
| Full name of joint inventor                   |  |
| Inventor's Signature                          |  |
| Date  |  |
| Residence                                     |  |
| Citizenship                                   |  |
| Post Office Address (if different from above) |  |